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Bib Data Sheet

CONFIRMATION NO. 5171

|                                    |  |                     |                               |   |
|------------------------------------|--|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/789,456 | <b>FILING OR 371(c) DATE</b><br>02/26/2004<br><b>RULE</b> 1.47 | <b>CLASS</b><br>053 | <b>GROUP ART UNIT</b><br>3721 | <b>ATTORNEY DOCKET NO.</b><br>37469-8013.US01 |
|------------------------------------|--|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/450,528 02/27/2003 and claims benefit of 60/450,295 02/27/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

05/18/2004

|  |                               |                            |                           |                                |
|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>8 | <b>TOTAL CLAIMS</b><br>37 | <b>INDEPENDENT CLAIMS</b><br>5 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged <u>CA</u> Examiner's Signature <u>CA</u> Initials  |                               |                            |                           |                                |

**ADDRESS**

22918

**TITLE**

Vacuum packaging appliance with vacuum side channel latches

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1402 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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